

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

State of Wisconsin  
-vs-**Notice to District Attorney/  
District Attorney Response on  
Petition for Sentence Adjustment  
§973.195**\_\_\_\_\_, Defendant  
Name\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

Count No. \_\_\_\_\_

**Notice to District Attorney**

1. A Petition for Sentence Adjustment was filed with the court on (date) \_\_\_\_\_. A copy of the petition and attachment(s) as filed are attached. The court holds the petition for further consideration.
2. The district attorney shall notify the victim(s) of this petition by providing a copy of the petition and attachment(s).
3. Any objection must be received within 45 days of receipt of this notice. A copy of any response filed by the district attorney shall be sent to the victim(s) and the inmate.

\_\_\_\_\_  
Circuit Court Judge\_\_\_\_\_  
Name Printed or Typed\_\_\_\_\_  
Date

## Distribution:

1. Court – Original
2. District Attorney

**District Attorney Response**

Based on the petition and attachment(s) received:

- ☐ 1. The district attorney objects to the petition for sentence adjustment.
- ☐ 2. The district attorney does not object to the petition for sentence adjustment.
- ☐ 3. The district attorney does not object to the petition for sentence adjustment, but the victim(s) does object to the petition for sentence adjustment.
- ☐ 4. The district attorney does not object and the victim(s) does not object to the petition for sentence adjustment.
- ☐ 5. The sentence is for an offense under §940.225(2) or (3), 948.02(2), or 948.08. The victim objects to the petition for sentence adjustment.

**District Attorney:**\_\_\_\_\_  
Signature of District Attorney\_\_\_\_\_  
Name Printed or Typed\_\_\_\_\_  
Date

## Distribution:

1. Court – Original
2. Victim(s)
3. Inmate